**Application Form - Part 1**

**Health and Wellbeing Fund**

**Medium Grants Programme (up to £5,000)**

Please refer to page 12 of the guidance notes for

question-by-question support completing this application form.

**Contact information**

**a) Lead Contact – for this project**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Tel Number: |  | | |
| Mobile Number: |  | | |
| Email address: |  | | |
| Address line 1 |  | | |
| Address line 2 |  | | |
| Town / City |  | Postcode: |  |

**b) Secondary Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Tel Number: |  | | |
| Mobile Number: |  | | |
| Email address: |  | | |
| Address line 1 |  | | |
| Address line 2 |  | | |
| Town / City |  | Postcode: |  |

**Unincorporated Associations (community/voluntary groups): both contacts should be members of your management committee.**

**Organisations: at least one contact must be a board member or senior member of staff.**

**About your organisation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1)** Organisation name: |  | | | |
| **2)** Address line 1 |  | | | |
| **2)** Address line 2 |  | | | |
| **2)** Town or City |  | | Postcode: |  |
| **3)** What is your organisation’s annual turnover? | | | £ | |
| **4)** How is your organisation constituted? (s*ee guidance notes for details)* | | | | | |
|  | | | | | |
| **5)** Organisation numbers *(if applicable):* | |  | | | |
| **6)** Website and social media URLs: Facebook, Twitter, Instagram, LinkedIn… | | | | | |
|  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Paying the Living Wage** | **Yes** | **No** | **N/A** |
| **7) If you employ staff,** do you pay all your staff at the Living Wage Foundation’s minimum rate of **£12.60/hour**? |  |  |  |
| **8) If you employ staff,** is your organisation accredited with the LW Foundation as a Living Wage Employer? |  |  |  |
| **9) If you answered No, to qu. 8,** are you interested in Salford CVS paying your first year’s LWF accreditation fees? |  |  |  |

**Your organisation’s policies, procedures and insurance**

|  |  |
| --- | --- |
| **10) Please tell us which policies you have in place:** | *Please*  *check (X)* |
| a) Health and Safety policy |  |
| b) Equality/Diversity Statement or Policy |  |
| c) Volunteer Policy *(if applicable to these activities)* |  |
| d) Public Liability Insurance |  |
| e) Risk assessments |  |
| f) Safeguarding Adults policy *(if applicable to these activities)* |  |
| g) Safeguarding Children policy *(if applicable to these activities)* |  |

**Project summary**

|  |  |
| --- | --- |
| **11) Project Name:** |  |

|  |
| --- |
| **12)** Please summarise your **project idea** in 140 characters max |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **13)** Approx **start date?** |  | **Finish date?** |  |

See guidance notes for when activities may start and finish

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **14)** Which **areas of Salford** will your activities target?  *Please check (X) any that apply* | | | | |
| Barton & Winton |  |  | Pendlebury & Clifton |  |
| Blackfriars & Trinity |  |  | Pendleton & Charlestown |  |
| Boothstown & Ellenbrook |  |  | Quays |  |
| Broughton |  |  | Swinton & Wardley |  |
| Cadishead & Lower Irlam |  |  | Swinton Park |  |
| Claremont |  |  | Walkden North |  |
| Eccles |  |  | Walkden South |  |
| Higher Irlam & Peel Green |  |  | Weaste & Seedley |  |
| Kersal & Broughton Park |  |  | Worsley & Westwood Park |  |
| Little Hulton |  |  |  |  |
| Ordsall |  |  | **OR CITY-WIDE** |  |

See guidance notes for map showing Salford’s ward boundaries

|  |
| --- |
| **15)** Please provide a **full postcode** below that best identifies the location of your proposed activities. If this isn’t possible, please give details below.  *We’d like to highlight all our funded projects on a web-based map.* |
|  |

**Now complete Part 2 of the Application Form**

**Application Form - Part 2**

**Health and Wellbeing Fund – Small – Round 2**

Refer to the guidance notes for question-by-question support completing this application form.

|  |  |
| --- | --- |
| **16)** **Organisation Name:** |  |

**About the project**

|  |  |
| --- | --- |
| **17)** Please tell us which priority/ies of the fund(A-D) your project is **most** focused on addressing. *Please check (X)* | |
| **A) Start Well** |  |
| **B) Live Well** |  |
| **C) Age Well** |  |
| **D) Strong and Resilient Communities** |  |

|  |  |
| --- | --- |
| **18)** Is this a **new, existing,** or **expanded** project? *Please check (X)* | |
| **New** |  |
| **Existing** |  |
| **Expanded** |  |

|  |  |
| --- | --- |
| **19)** Please briefly explain how you know the proposed activities are **wanted and** **needed** in the community *(250 words max)* | **5 points** |
|  | |

|  |  |
| --- | --- |
| **20)** Please providefull details of the project,including **what** **you plan to do**, **where and when** activities will take place, **who will run** the project, how it will be **promoted,** etc. *(500 words max)* | **10 points** |
|  | |

|  |  |
| --- | --- |
| **21)** Approximately **how many** **activities e.g. sessions or events** will take place with the grant? |  |

**About your beneficiaries**

|  |
| --- |
| **22)** Please explain **who in Salford** will benefitfrom the project.  *For example, people who live in the same geographical area, people from a particular community, and/or people with shared hobbies or interests* |
|  |

|  |  |
| --- | --- |
| **23)** Approximately **how many** **people** will benefit directly from the activities? |  |

**What difference will the project make?**

|  |  |  |  |
| --- | --- | --- | --- |
| **24a)** How will the activities **benefit the health and wellbeing** of people living in Salford?*(300 words max)* | | **10 points** | |
|  | | | |
| **24b)** What specificchanges to people’s health and wellbeing **(outcomes)** do you expect to see because of the project and how will these be **measured or assessed?** | | | **5 points** |
| **Outcome 1** | **How measured or assessed** | | |
| *For example, improved confidence and self-esteem* | [*Warwick Edinburgh Mental Wellbeing Scale*](https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using)*; facilitator diaries; participant feedback forms* | | |
| **Outcome 2** | **How measured or assessed** | | |
|  |  | | |
| **Outcome 3** | **How measured or assessed** | | |
|  |  | | |

|  |  |
| --- | --- |
| **25) Added social-value.** What other social, environmental or economic benefits will be delivered through the project?  *(150 words max)* | **5 Points** |
|  | |

**About the money**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **26)** Please give details of your project budget | | | | | **10 Points** |
| Description of item | Breakdown of calculations | | Item cost | | Amount requested |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
| **Total cost of project** | | | £ | |  |
| **Total amount requested from this fund:** *(£5,000 max)* | | | | | £ |
| **If applicable, where is the rest of the money coming from?** | | | | | |
| **Source of funding** | | **Amount** | | **Funding Secured?** | |
|  | | £ | |  | |
|  | | £ | |  | |
|  | | £ | |  | |
| **Please retain all financial records.**  **Salford CVS reserves the right to audit your project expenditure.** | | | | | |

**Please enclose:**

|  |  |
| --- | --- |
| **Supporting documents required by Salford CVS** | **Attached?**  Yes or No |
| * **Scan or photo of a recent bank statement or paying-in slip** * *(if not submitted previously in the last 6 months)* |  |
| * **Safeguarding Children policy** *(if applicable to project activities)* |  |
| * **Safeguarding Adults policy** *(if applicable to project activities)* |  |

**Declaration**

I have read and understood the [**Terms & Conditions**](https://salfordcvsltd.sharepoint.com/sites/GrantsDocuments/Shared%20Documents/Admin%20and%20Processes/Terms%20and%20conditions/SCVS_TandCs_Grants_and_Investments.pdf)of grant aid & confirm to adhere to these conditions if our application is successful. I am authorised to submit this funding application by this organisation.

|  |  |
| --- | --- |
| Name (signature **not** req): |  |
| Role in organisation: |  |
| Date: |  |

Please submit this document in Word format to [**grants@salfordcvs.co.uk**](mailto:grants@salfordcvs.co.uk) by **12:00pm (midday) on Monday 27th October 2025**

The Health and Wellbeing Fund is supported by

[NHS Salford Integrated Care Partnership](https://gmintegratedcare.org.uk/my-borough/salford/) (ICP).

